09-10-04



URGENT

O P E VC TO SEE

9/8/04

Commissioner for Patents P.O. BOX 1450

ALEXANDRIA, VA 22313-1450

Reference: Revocation of Power of Attorney and Change of Address Form

Application Number: 09/680,611 Filed: 10/06/2000

Group Art Unit: 2643

Examiner: Melur, Ramakrishnaiah.

Dear Sir,

Enclosed are the three forms revoking the power of attorney to Stephen L. Baldwin and appointing Raman K. Rao as the representative for all the inventors. Please note the change of address.

Please let me know if any fees are due.

I am K. T

Raman K. Rao

Applicant and Applicants Representative

Raman K. Rao

3099 Alexis Drive, CA 94304

Tel: 650 941 7096 Fax: 650 618 1553

PTO/SB/82 (09-03) Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REVOCATION OF POWER OF **ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

on Act of 1995, no persons are required to re		ss it displays a valid OMB control number.
	Application Number	09/680,611
ON OF POWER OF RNEY WITH	Filing Date	10/06/2000
	First Named Inventor	RAO
R OF ATTORNEY	Art Unit	2643
AND ESPONDENCE ADDRESS	Examiner Name	Ramakrishnaiah Melur
ESPONDENCE ADDRESS	Attorney Docket Number	11

I hereby revoke all previo	ous powers of attorney given in t	ne above	-identified applic	cation.	
A Power of Attorney	is submitted herewith.				
OR I hereby appoint the	practitioners associated with the Co	ustomer N	Number:		
Please change the confidence of the confidence o		e-identific	ed application to:		
Firm or Individual Name					
Address	3099 ALEXIS DRIVE				
Address			A		
City	PALO ALTO	State	CA	Zip	94304-1304
Country	USA				
Telephone	650 941 7096	Fax	650 618 1553		
	of the entire interest. See 37 CFR 37		;)		
	SIGNATURE of Applicant or	Assigne	of Record		
Name RAJNI K. RAO					
Signature	jui las				
Date 9/8/04	8	Telepho	ne 650 941 7096		
signature is required, see below*.	or assignees of record of the entire interest or their	r representati	ve(s) are required. Subm	it multiple	forms if more than one
*Total of <u>5</u> form	s are submitted.				

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	Filing Date	10/06/2000
	First Named Inventor	RAO
	Art Unit	2643
D CARDENCE ADDDESS	Examiner Name	Ramakrishnaiah Melur
ONDENCE ADDRESS	Attorney Docket Number	11

CHANGE OF CORRESPONDENCE ADDRESS	Examiner Name	Ramakrishnaiah Me	
Change of Correspondence Address	Attorney Docket Number	11	
		<u> </u>	

I hereby revoke all previous powers of attorney giver	n in the above-identified application.
A Power of Attorney is submitted herewith.	
OR I hereby appoint the practitioners associated with t	the Customer Number:
Please change the correspondence address for the The address associated with Customer Number: OR	above-identified application to:
Firm or RAMAN K. RAO Individual Name	
Address 3099 ALEXIS DRIVE	
Address	
City PALO ALTO	State CA Zip 94304-1304
Country USA	
Telephone 650 941 7096	. Fax 650 618 1553
I am the: Applicant/Inventor.	OED 0.74
Assignee of record of the entire interest. See 37 Statement under 37 CFR 3.73(b) is enclosed. (Fo	
SIGNATURE of Applicat	nt or Assignee of Record
Name REKHA K. RAO	
Signature Rekha Roo	
Date 9/8/04	Telephone 650 941 7096
NOTE: Signatures of all the inventors or assignees of record of the entire interest signature is required, see below*.	t or their representative(s) are required. Submit multiple forms if more than one
*Total of 5 forms are submitted.	

Unitable Paperwork Reduction

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Application Number	09/680,611
Filing Date	10/06/2000
First Named Inventor	RAO
Art Unit	2643
Examiner Name	Ramakrishnaiah Melur
Attorney Docket Number	11

I hereby revoke all p	previous powers of	attorney given in the	above-i	dentified applic	ation.	
A Power of Atto	rney is submitted he	erewith.			-	
OR	nt the practitioners a	ssociated with the Cust	omer Ni	umber:		
	s associated with	address for the above-i	dentified	d application to:		
Firm or Individual Name	RAMAN K. RAO					
Address	3099 ALEXIS DR	IVE	• . •			
Address						
City	PALO ALTO	S	state	CA	Zip	94304-1304
Country	USA					
Telephone	650 941 7096		Fax	650 618 1553		
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
	SIGNATU	RE of Applicant or As	signee	of Record		
Name SANJAY K.	. RAO					
Signature	Sanjay n	2				
Date 9/8/04	· /	Te	elephon	e 650 941 7096		
NOTE: Signatures of all the inv signature is required, see below		d of the entire interest or their rep	oresentative	e(s) are required. Submi	t multiple	forms if more than one
*Total of 5	forms are submitted.					-

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Attorney Docket Number	11

I hereby revoke all previou	ıs powers of attorney given in th	e above-	identified applic	cation.	
A Power of Attorney is	submitted herewith.				
OR ☐ I hereby appoint the pr	ractitioners associated with the Cu	stomer N	umber:		
Please change the correct The address associon Customer Number		e-identifie	d application to:		
Firm or Individual Name	RAMAN K. RAO				•
Address 30	099 ALEXIS DRIVE				
Address					
City P.	PALO ALTO	State	CA	Zip	94304-1304
Country	JSA				
Telephone 69	50 941 7096	Fax	650 618 1553		
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
	SIGNATURE of Applicant or A	Assignee	of Record		
Name SUNIL K. RAO					
Signature Auni le	. Kao		<u> </u>		
Date 9/8/04		Telephon	e 650 941 7096		
NOTE: Signatures of all the inventors or signature is required, see below*.	assignees of record of the entire interest or their	representative	e(s) are required. Subm	it multiple	forms if more than one
*Total of 5 forms a	are submitted.				

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I hereby re	voke all previ	ous powers of	attorney given in	the above	-identified appli	cation.	
A Pow	er of Attorney	is submitted her	rewith.				
OR	by appoint the	practitioners as	ssociated with the 0	Customer I	Number:		
	change the co he address ass ustomer Numb	ociated with	address for the abo	ve-identifi	ed application to:		
Firm o	<i>r</i> ual Name	RAMAN K. RAO			-		
Address		3099 ALEXIS DRI	VE				
Address							
City		PALO ALTO		State	CA	Zip	94304-1304
Country		USA					
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		SIGNATUR	RE of Applicant or	Assigne	of Record		
Name	RAMAN K. RAO					- 	
Signature	X	<u> </u>	K. Ta	•			
Date	9/8/04			Telepho	1000 041 7000		
NOTE: Signature signature is requ		or assignees of record	of the entire interest or the	eir representati	ve(s) are required. Subm	nit multiple	forms if more than one
✓ *Total	of 5 form	s are submitted.					